

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

FORM D

Washington, D.C. 20549

OMB APPROVAL

3235-0076 OMB Number:

April 30, 2008 Expires:

Estimated average burden hours per response 16.00

SEC USE ONLY NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** DATE RECEIVED UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering(check if this is an amendment and name has changed, and indicate change.) Series B Preferred Stock Financing and Conversion of Promissory Notes to Series A-1 Prefer	rred Stock
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE HIMMINIAN IN INC.
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	08049690
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Multigig, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 100 Enterprise Way, A-3, Scotts Valley, CA 95066	Telephone Number (Including Area Code) 831/440-0600
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Integrated circuit development	PROCESSED
Type of Business Organization corporation	ease specify): MAY 0 7 2008
Actual or Estimated Date of Incorporation or Organization: Month Year	THOMSON REUTERS DE

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

A. BASIC IDENTIFICATION DATA	
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; 	
 Each promoter of the issuer, if the issuer has been organized within the past live years, Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities. 	es of the issuer
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and	
 Each general and managing partner of partnership issuers. 	•
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Part	ner
ull Name (Last name first, if individual) Basit, Haris	
Susiness or Residence Address (Number and Street, City, State, Zip Code) 00 Enterprise Way, A-3, Scotts Valley, CA 95066	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Par	
ull Name (Last name first, if individual) seccue, Steve	
Susiness or Residence Address (Number and Street, City, State, Zip Code) 00 Enterprise Way, A-3, Scotts Valley, CA 95066	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Par	
ull Name (Last name first, if individual) Valters, Peter	
Susiness or Residence Address (Number and Street, City, State, Zip Code) 00 Enterprise Way, A-3, Scotts Valley, CA 95066	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Part	
ull Name (Last name first, if individual) 'oung, Craig	
susiness or Residence Address (Number and Street, City, State, Zip Code) 00 Enterprise Way, A-3, Scotts Valley, CA 95066	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Pan	
ull Name (Last name first, if individual) herwood, Mark	
ousiness or Residence Address (Number and Street, City, State, Zip Code) 00 Enterprise Way, A-3, Scotts Valley, CA 95066	
heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Part	ner
ull Name (Last name first, if individual) akhu, Jai	
susiness or Residence Address (Number and Street, City, State, Zip Code) 00 Enterprise Way, A-3, Scotts Valley, CA 95066	
heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Part	ner
ull Name (Last name first, if individual) han, Aurangzeb	
usiness or Residence Address (Number and Street, City, State, Zip Code) 35 Middlefield Road, Suite 180, Menlo Park, CA 94025-3459	

		A. BASIC IDE	ENTIFICATION DATA			
2. Enter the information r	equested for the t	following:				
• • Each promoter of t	the issuer, if the is	suer has been organized v	vithin the past five years;			
• Each beneficial own	ner having the pow	er to vote or dispose, or dire	ect the vote or disposition of	f, 10% or more of	a class	of equity securities of the issuer.
		•	corporate general and man	aging partners of	partne	rship issuers; and
		of partnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	L	General and/or Managing Partner
Full Name (Last name first, if Miller, Joseph	individual)					
Business or Residence Address 15260 Ventura Blvd., 20 ^t			ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director		General and/or Managing Partner
Full Name (Last name first, Sohail, Faysal	if individual)					
Business or Residence Addre One Embarcadero Center						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, Mobius Investments, LLC						
Business or Residence Address 15260 Ventura Blvd., 20 th			ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, CMEA Ventures VII, L.P						
Business or Residence Addre One Embarcadero Center						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i Venmail Limited	if individual)					
Business or Residence Addre PO Box 19, Farnley Hous						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i Hi-Tech Venture Partners						
Business or Residence Address 535 Middlefield Road, Su			de)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Co	de)			

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past five years;	
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the 	ssuer.
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 	
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual) Ben Yu	
Business or Residence Address (Number and Street, City, State, Zip Code) 2884 Sand Hill Road, suite 100, Menlo Park, CA 94025	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual) Sierra Ventures IX, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code) 2884 Sand Hill Road, suite 100, Menlo Park, CA 94025	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

B. INFORMATION ABOUT OFFERING												
•			·	В. 11	VI ORMAI	ION ADOI	or Office	and	_		Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									\boxtimes			
			Answer a	also in App	endix, Colu	mn 2, if filir	ng under UI	LOE.				
2. What i	s the minim	um investm	ent that wil	l be accepto	ed from any	individual?	***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$ 0.00	
											Yes	No C
	he offering p	•		_							. 🗆	\boxtimes
	the informat ssion or sim											
	rson to be lis											
	es, list the na er or dealer,							l are associ	ated persons	of such		
Full Name (-	•		momation	ioi mat bio	ker or deare	i only.					
- un Name (Last name i	nst, ii muiv	iduai)									
Business or	Residence A	Address (Nu	mber and S	Street, City,	, State, Zip (Code)			_		.,	
Name of As	sociated Bro	oker or Deal	ег									
States in WI	hich Person	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers		 -	_			
(Che	eck "All Stat	es" or check	individual	States)							🗆 <i>E</i>	All States
AL	AK	AZ	AR	CA	СО	СТ	DE	DC	FL	GA	н	ID
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IL	IN	IA	KS	KY	LA	МЕ	MD	MA	МІ	ми	MS	МО
мт	NE	NV	NH	ИJ	NM	NY.	NC	ND	ОН	ок	OR	PA
RI	sc	SD	TN	TX	UT	VT	VA	WA	wv	wı	WY	PR
Full Name (Last name f	irst, if indiv	idual)		_			_	_		_	
Business or	Residence A	Address (Nu	mber and S	Street, City,	State, Zip (Code)						
						-			_			
Name of As			<u> </u>									
States in Wh												
(Che	eck "All Stat	es" or check	individual	States)	,		• • • • • • • •			• • • • • • • •	🗆 A	II States
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RL	SC	SD	TN	TΧ	UT	VŢ	VA	WA	wv	wı	WY	PR
Full Name (Last name fi	irst, if indivi	idual)									
Business or	Residence A	Address (Nu	mber and S	treet, City,	State, Zip (Code)				<u> </u>		
Name of Associated Broker or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)								_	Il States			
AL	AK	AZ	AR	CA	CO	СТ	DE	DC	FL	GA	н	ID
[IL]	11/1	IA	KS	KY	LA	МЕ	MD	MA	MI	MN	MS	мо
МТ	NE	NV	NH	ľИ	NM	NY	NC	ND	ОН	ок	OR	PA
RI	sc	SD	TN	TX	UT	VT	VA	WA	wv	wı	WY	PR
				_		_			_			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and			
	already exchanged. Type of Security	Aggregate Offering Price		Amount Already Sold
		_	_	
	Debt\$		•	
	Equity	2,800,000.00	. \$.	2,706,048.87
	☐ Common ☑ Preferred	0.00		. 0.00
	Convertible Securities (including warrants)			0.00
	Partnership Interests \$			0.00
	Other (Specify)\$			
	Total S	2,800,000.00	. S .	2,706,048.87
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	3	5	2,706,048.87
	Non-accredited Investors	0	5	0.00
	Total (for filings under Rule 504 only)	3	5	2,706,048.87
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		\$	0.00
	Regulation A		\$	0.00
	Rule 504		\$	0.00
	Total	0	\$	s <u> </u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	0.00
	Printing and Engraving Costs		\$	0.00
	Legal Fees	_	•	
	Accounting Fees	<u> </u>	\$	0.00
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		\$	0.00
	Other Expenses (identify)		\$	0.00
	Total		\$	35,000.00

L	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXPENSES AN	D USE OF P	ROCE	EDS			
4	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C proceeds to the issuer."	C — Question 4.a. This difference is the "ad	ljusted gross			\$_	2,671,	049.87
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The tot proceeds to the issuer set forth in response to P	any purpose is not known, furnish an e al of the payments listed must equal the ad	stimate and					
				•	ments to			
					fficers, ctors, &		Doume	nto to
					iliates		Payme Othe	
	Salaries and fees		[] \$ _	0.00		\$	0.00
	Purchase of real estate		[] s	0.00		\$	0.00
	Purchase, rental or leasing and installation of	nachinery						
	and equipment		[] \$	0.00		s	0.00
	Construction or leasing of plant buildings and	facilities:] \$ _	0.00		\$	0.00
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities of another	Г	7 c	0.00	П	\$	0.00
	Repayment of indebtedness			_		\exists		0.00
	Working capital			_				1,049.87
	Other (specify):] s _			\$	0.00
	-		 [] s	0.00		s	0.00
	Column Totals] \$ _	0	\boxtimes	\$ <u>2,67</u>	1,049.87
	Total Payments Listed (column totals added)				∑ \$ <u>2</u>	671,	049.87	
	• • • • • • • • • • • • • • • • • • •	D. FEDERAL SIGNATURE						
sig	e issuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to information furnished by the issuer to any non-a	furnish to the U.S. Securities and Exchan	ge Commissi	ion, up	on written	e 50: requ	5, the fo	ollowing its staff,
Iss	uer (Print or Type)	Signature M	, [ate				
Μι	ıltigig, Inc.	Haw Bant	A	pril 2	22, 2008			
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	1	-				
Ha	ris Basit	Secretary						

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)